



Requirements for the Certified Community Health Worker Traditional Track

In order to become a certified CHW in Arkansas, you must meet the following requirements

- Be at least 18 years of age
- Complete an Approved Community Health Worker Training Program
 - For a list of approved training programs, please visit:
<https://www.archwa.org/training-programs>
- Have an additional 2 years, or 4,160 hours, of experience as a Community Health Worker
 - This can be volunteer or paid
 - The total number of hours should equal to at least 4,160 hours
 - The hours can be collected before or after you complete the approved training
 - Applicant's evidence of training or certification from another state may be submitted to fulfill the experience requirement, *if and only if* such experience is relevant to Arkansas-based communities. Acceptance of such experience for certification purposes is subject to review and approval by ARCHWA.
- Must be working in Arkansas or have a good faith intention to work in Arkansas. To evidence this, Applicant is permitted to provide state-issued identification and additional evidence to the application.

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Application Instructions

Thank you for your interest in applying to become a certified Community Health Worker in Arkansas. The ARCHWA Community Health Worker Certification is a **voluntary certification** which demonstrates that the applicant has completed the approved training program and agrees to maintain continuing education to stay up-to-date on CHW skills.

This Application for Certification is **not** a contract between applicant and the ARCHWA, and does not make the applicant an employee, agent, contractor, or representative of ARCHWA. The Certification is **not** employment, **nor does it guarantee employment upon completion.**

This page reviews some of the details of the application process. If you need any help throughout the application process, please contact us at info@archwa.org or by calling 501-291-2307.

Submission Guidelines:

1. Submit the application along with all secondary documents by downloading the PDF or Word file and then emailing them to info@archwa.org or by printing and mailing the paper form to the below address. If you have questions about how to electronically sign the documents, please contact us at info@archwa.org or 501-291-2307.

Arkansas Community Health Worker Association
P.O. Box 166713
Little Rock, AR 72216

2. Pay the non-refundable \$50 application fee along with your application. If you are completing the online application, you can pay online while submitting your application or you can mail your payment to the above P.O. Box. If you are mailing your payment with or without your application, we will accept money orders or checks. Please address them to: Arkansas Community Health Worker Association

Note: We encourage you to keep either a paper or electronic copy of your application for your own records.

Once you have submitted your application, the Community Health Worker Certification Commission will review it, contact your references, contact you if there are any discrepancies or questions, and then make their decision about your application

The ARCHWA Certification does not require a background check for applicants. However, applicant should be aware that a background check may be required by future employers at their discretion. Included in an employer's discretion is the type of background screening conducted, subject to the U.S. Fair Credit Reporting Act (FCRA). For example, a background check might

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include verifications for education/licenses, criminal records, identity, motor vehicle records, and drug testing. A background check typically does not include a search for medical or genetic information. For additional information please visit the following webpage:

<https://consumer.ftc.gov/articles/employer-background-checks-your-rights>

Once you are approved by the CHW Certification Commission, you will then be a Certified CHW in Arkansas! At that time, you will receive documentation by mail and email of your status as a certified CHW in Arkansas and you will be able to work under the CHW scope of practice for CHWs in Arkansas. As a reminder, the scope of practice definition for a CHW in Arkansas includes the CHW Core Consensus Project's Core Competencies and excludes anything that requires a license or other certificate. Your certification will be registered in Arkansas' CHW Certification registry. This online registry will be publicly available to facilitate employment, networking, and tracking of Arkansas' certified CHW workforce.

The ARCHWA Community Health Worker Certification is a **voluntary certification** intended to recognize individuals for completing a certain type of training and meeting certain criteria and skills as acknowledged by the ARCHWA. **Certification is not required by any division of the State of Arkansas to work in the state as a Community Health Worker, nor is there a government-imposed penalty for not obtaining certification.**

This information is only relevant for CHW's working in Arkansas. Applicants should verify the requirements of any state in which they decide to seek work as a CHW.

Application Packet Checklist

Application Packet Pages 4-24

- Demographic information
- Licenses and certifications
- Specialty training
- Previous work or volunteer experience
- Verification of core competencies
- Contact information for character references
- Signed Code of Ethics page

Supervisor Verification of Core Competencies

Application fee of \$50 paid online or mailed to ARCHWA

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Applicant Information

Please fill in the following information

Demographic Information

| Demographic Information | | | | | |
|--|-----------------|--------|--|-----------------|-----------------|
| Name (First, Middle Initial, Last) | | | | | |
| Date of Birth (month, day, year) | | | Work Email Address | | |
| Phone Number | | | Personal Email Address | | |
| Gender | Choose an item. | Race | Choose an item. | Ethnicity | Choose an item. |
| Preferred Language | Choose an item. | | Second Language (if applicable) | Choose an item. | |
| Physical Address | | | | City | |
| State | | County | | | Zip Code |

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Core Competency Training Program

Please enter the requested information regarding which Core CHW training program you completed. Please send a copy of the certificate that you received when you completed the training along with your application.

| Training Program | | | |
|---|--|--|--|
| Name of organization | | | |
| Name of training | | | |
| Date that training started (mm/dy/year) | | Date that training ended (mm/dy/year) | |
| How many hours was the training? | | Was there a guided experience component? | |
| How many hours was the guided field practice (if applicable)? | | | |
| Training location (City) | | Instructor name | |

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Competencies Covered in the Training

Please check all of the competencies/topics that were covered in the training that you attended.

- Communication Skills
- Interpersonal and Relationship Building Skills
- Service Coordination and Navigation Skills
- Capacity Building Skills
- Advocacy Skills
- Education and Facilitation Skills
- Individual and Community Assessment Skills
- Outreach Skills
- Professional Skills and Conduct
- Evaluation and Research Skills
- Knowledge Base
- Other Topics. Please list:

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Education Obtained

While no minimum education is required, CHWs must be fully literate in their native language. Please enter any of your educational achievements below.

| Education | | | | |
|--------------------------------------|---------|----------------|----------------------------------|-----------------------|
| School, College, University attended | Address | Year Completed | Diploma, GED, or Degree obtained | Major (if applicable) |
| | | | | |
| | | | | |
| | | | | |

Licenses Obtained (if applicable)

If you have received any licenses, please enter them below. If you have not received any licenses, please write N/A for not applicable.

| Licenses | | | |
|------------------|---------------------------|------------------------|------------------------------|
| License received | Year License was obtained | Licensing organization | Is the License still active? |
| | | | |
| | | | |
| | | | |

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Certifications Obtained (if applicable)

If you have received any certification, please enter them below. If you have not received any certifications, please write N/A for not applicable.

| Certifications | | |
|--------------------|---|------------------------------------|
| Certification Held | Organization that granted certification | Date Issued/ Date of Expiration |
| | | |
| | | |
| | | |

Other Trainings

If you have taken any other training to support your work as a CHW, please include what the training was, when you completed the training, and the organization that provided the training. Please list trainings in chronological order with those you have received most recently listed first. If you have not completed any other trainings, please write N/A.

| Name of Training | Topics Covered | Hours Completed | Date Completed | Organization |
|------------------|----------------|-----------------|----------------|--------------|
| | | | | |
| | | | | |
| | | | | |

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Employment and Volunteer Experience

Please enter all current and previous employment and/or volunteer experience that you have gained until you meet the minimum number of hours needed to apply (4,160 hours). Please start with your most current experience. If you need to include additional experiences, please reproduce this page and include however many additional pages are needed. For instructions on how to reproduce a page, see page 10.

Common Calculations:

40 hours a week for 6 months: $40 \times 26 = 1,040$

40 hours a week for 1 year: $40 \times 52 = 2,082$

40 hours a week for 1.5 years: $40 \times 78 = 3,120$

| Related Experience 1 | | | |
|---------------------------------|--|---|--|
| Name of organization | | | |
| Date started | | Date ended (If still employed or volunteering, please enter 'current') | |
| Position title | | Position type (full time, part time, volunteer) | |
| Number of hours worked per week | | Number of total hours worked during entire periods | |
| Supervisor Name | | | |
| Supervisor Phone Number | | | |
| Location of Organization | | | |

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| Related Experience 2 | | | |
|------------------------------------|--|---|--|
| Name of organization | | | |
| Date started | | Date ended (If still employed or volunteering, please enter 'current') | |
| Position title | | Position type (full time, part time, volunteer) | |
| Number of hours worked per week | | Number of total hours worked during entire periods | |
| Supervisor Name | | | |
| Supervisor Phone Number | | | |
| Location of Organization | | | |


| Related Experience 3 | | | |
|------------------------------------|--|---|--|
| Name of organization | | | |
| Date started | | Date ended (If still employed or volunteering, please enter 'current') | |
| Position title | | Position type (full time, part time, volunteer) | |
| Number of hours worked per week | | Number of total hours worked during entire periods | |
| Supervisor Name | | | |
| Supervisor Phone Number | | | |
| Location of Organization | | | |

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Instructions on how to reproduce a page

Word:

1. Hover over the table that you need to copy
2. Click the box that appears in the top left of the table
3. Right click and select 'Copy' or press 'Ctrl + C' on the keyboard
4. Click where you would like to insert the table (under the current table)
5. Right click and hit 'Paste. Keep Source Formatting' or press 'Ctrl + V' on the keyboard
6. Do this as many times as you need to

PDF/Adobe:

1. Open the file in Adobe Acrobat
2. Click on 'Organize Pages' in the left toolbar
3. Find the page that you want to copy
4. Push 'Ctrl' and click on the page that you want to duplicate
5. Drag the page where you want it
6. This should result in two of the same pages

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CHW Applicant Verification of Proficiency in the Core Competencies

This form is required of all applicants.

Please provide examples of the work that you do, or have done previously that show you are competent in each of the core competencies. If you need more space, please attach an additional sheet at the end of this form (For a brief description of competencies please see examples attached).

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| Name of Applicant | |
|---|---|
| Competency | Please describe examples of your experience to show why you believe you are proficient in each competency area. |
| 1. Communication Skills | |
| 2. Interpersonal and Relationship Building Skills | |
| 3. Service Coordination and Navigation Skills | |
| 4. Capacity Building Skills | |
| 5. Advocacy Skills | |
| 6. Education and Facilitation Skills | |
| 7. Individual and Community Assessment Skills | |
| 8. Outreach Skills | |
| 9. Professional Skills and Conduct | |
| 10. Evaluation and Research Skills | |
| 11. Knowledge Base | |

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Examples of Competencies

| Skill | Examples of Competencies |
|---|---|
| 1. Communication Skills | <ul style="list-style-type: none"> • Ability to use language confidently • Ability to use language in ways that engage and motivate • Ability to communicate using plain and clear language • Ability to communicate with empathy • Ability to listen actively • Ability to prepare written communication including electronic communication (e.g., email, telecommunication device for the deaf) • Ability to document work • Ability to communicate with the community served (may not be fluent in language of all communities served) |
| 2. Interpersonal and Relationship Building Skills | <ul style="list-style-type: none"> • Ability to provide coaching and social support • Ability to conduct self-management coaching • Ability to use interviewing techniques (e.g. motivational interviewing) • Ability to work as a team member • Ability to manage conflict • Ability to practice cultural humility |
| 3. Service Coordination and Navigation Skills | <ul style="list-style-type: none"> • Ability to coordinate care (including identifying and accessing resources and overcoming barriers) • Ability to make appropriate referrals • Ability to facilitate development of an individual and/or group action plan and goal attainment • Ability to coordinate CHW activities with clinical and other community services • Ability to follow-up and track care and referral outcomes |
| 4. Capacity Building Skills | <ul style="list-style-type: none"> • Ability to help others identify goals and develop to their fullest potential • Ability to work in ways that increase individual and community empowerment • Ability to network, build community connections, and build coalitions • Ability to teach self-advocacy skills |

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| | |
|---|---|
| | <ul style="list-style-type: none"> • Ability to conduct community organizing |
| 5. Advocacy Skills | <ul style="list-style-type: none"> • Ability to contribute to policy development • Ability to advocate for policy change • Ability to speak up for individuals and communities |
| 6. Education and Facilitation Skills | <ul style="list-style-type: none"> • Ability to use empowering and learner-centered teaching strategies • Ability to use a range of appropriate and effective educational techniques • Ability to facilitate group discussions and decision-making • Ability to plan and conduct classes and presentations for a variety of groups • Ability to seek out appropriate information and respond to questions about pertinent topics • Ability to find and share requested information • Ability to collaborate with other educators • Ability to collect and use information from and with community members |
| 7. Individual and Community Assessment Skills | <ul style="list-style-type: none"> • Ability to participate in individual assessment through observation and active inquiry • Ability to participate in community assessment through observation and active inquiry |
| 8. Outreach Skills | <ul style="list-style-type: none"> • Ability to conduct case-finding, recruitment and follow-up • Ability to prepare and disseminate materials • Ability to build and maintain a current resources inventory |
| 9. Professional Skills and Conduct | <ul style="list-style-type: none"> • Ability to set goals and to develop and follow a work plan • Ability to balance priorities and to manage time • Ability to apply critical thinking techniques and problem solving • Ability to use pertinent technology • Ability to pursue continuing education and life-long learning opportunities • Ability to maximize personal safety while working in community and/or clinical settings |

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| | |
|------------------------------------|--|
| | <ul style="list-style-type: none"> • Ability to observe ethical and legal standards (e.g. CHW Code of Ethics, Americans with Disabilities Act [ADA], Health Insurance Portability and Accountability Act [HIPAA]) • Ability to identify situations calling for mandatory reporting and carry out mandatory reporting requirements • Ability to participate in professional development of peer CHWs and in networking among CHW groups • Ability to set boundaries and practice self-care |
| 10. Evaluation and Research Skills | <ul style="list-style-type: none"> • Ability to identify important concerns and conduct evaluation and research to better understand root causes • Ability to apply the evidence-based practices of Community Based Participatory Research (CBPR) and Participatory Action Research (PAR) • Ability to participate in evaluation and research processes including: <ul style="list-style-type: none"> a. Identifying priority issues and evaluation/research questions b. Developing evaluation/research design and methods c. Data collection and interpretation d. Sharing results and findings e. Engaging stakeholders to take action on findings |
| 11. Knowledge Base | <ul style="list-style-type: none"> • Knowledge about social determinants of health and related disparities • Knowledge about pertinent health issues • Knowledge about healthy lifestyles and self-care • Knowledge about mental/behavioral health issues and their connection to physical health • Knowledge about health behavior theories • Knowledge of basic public health principles • Knowledge about the community served • Knowledge about United States health and social service systems |

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Arkansas Certified Community Health Worker Code of Ethics

The Code of Ethics shall be used as a guide to Community Health Workers (CHWs) for their day-to-day decision-making and work. The Community Health Worker Code of Ethics is based on, supported by, and adapted from the core values and Code of Ethics adopted by the association formerly called the American Association of Community Health Workers.¹ This code has also been supported by the Arkansas Stakeholder Advisory Committee, which contains CHWs, CHW employers, and CHW allies. The Code of Ethics for Certified Community Health Workers in Arkansas should be used in addition to and complementary to your employer's Code of Ethics.

1. Honesty

I will strive to ensure the best health outcomes for the communities I serve. I will communicate the potential benefits and consequences of available services, including the programs through which I am employed.

2. Confidentiality

I will respect the confidentiality, privacy, and trust of individuals, families, and communities that I serve. I understand and abide by employer policies, as well as state and federal confidentiality laws, that are relevant to my work.

3. Scope of Ability and Training

I will only work within my scope of practice as defined in the guidelines within my CHW certification. I will be truthful about qualifications, competencies, and limitations on the services I can provide, and I will not misrepresent my qualifications or competencies to individuals, families, communities, or employers. I will refer clients to other qualified professionals to receive services that I cannot provide and/or that fall outside of my certification scope of practice.

4. Quality of Care

I will strive to provide my services to individuals, families, and my community to my fullest abilities. I will maintain the quality of my services through continued education, training, and an obligation to ensure the information I provide is up to date and accurate.

5. Legal Obligations

I understand that I have an obligation to report actual or potential harm to others within the communities I serve to the appropriate authorities. Additionally, I have a responsibility to follow legal regulations set forth by the state of Arkansas and/or my employing organization. Responsibility to the larger society or specific legal obligation may supersede the loyalty owed to individual community members.

¹ The American Association of Community Health Workers. Community Health Worker Code of Ethics Toolkit
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6. Cultural Humility

As a Community Health Worker, I possess expertise in the communities in which I serve. I will maintain a high degree of humility and respect for the cultural diversity within each community. As an advocate for my communities, I, as a Community Health Worker, have an obligation to inform employers and others when policies and procedures will offend or harm communities, or are ineffective within the communities where I work.

7. Maintaining the Trust of the Community

Community Health Workers are often members of our communities and our effectiveness in providing services derives from the trust placed in me by members of these communities. I will not act in ways that could jeopardize the trust placed in me by the communities that I serve.

8. Respect for Human Rights

As a Community Health Worker, I will respect the human rights of those I serve, advance principles of self-determination, and promote equitable relationships with all communities.

9. Professionalism

I will maintain professional boundaries at all times. I will not engage in any illegal activity; engage in any romantic or sexual relationships with a client or their relative²; accept money, gifts, or compensation from clients for services performed; or accept compensation for client referrals.

10. Committing to the CHW Profession

I will be committed to the CHW profession and advocate for myself and other CHWs and the work that we do at the local, state, national, and international levels.

11. Professional Development/Continuing Education

Community Health Workers should remain up-to-date on any developments that substantially affect our ability to competently render services. I will strive to expand my professional knowledge base and competencies through educational events as well as participation in professional organizations.

12. Employer's Policies

I will support my employer and all of my employer's policies and regulations. If a conflict arises between my employer and this Code of Ethics, I will respectfully and appropriately raise my concerns with my employer.

² Exceptions will be made if the CHW's client is related to their romantic partner.

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Code of Ethics

By signing this form, you are attesting that you have read the Code of Ethics for Certified CHWs in Arkansas. This Code of Ethics is to be used in addition to your employers Code of Ethics, not as a replacement.

Name of Applicant

Signature of Applicant

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References

Please include the contact information for at least two references that you are currently partnering with or have partnered with in the past and who have indicated they are willing to serve as a character reference for you. **These individuals should not include anyone who has supervised you.** Examples include but are not limited to: a pastor, a healthcare professional, a social worker, etc.

| Reference 1 | | | |
|---------------------------|--|----------|--|
| Name of Contact | | | |
| Phone Number | | Email | |
| Organization | | State | |
| City | | Zip Code | |
| Relationship to Reference | | | |

| Reference 2 | | | |
|---------------------------|--|----------|--|
| Name of Contact | | | |
| Phone Number | | Email | |
| Organization | | State | |
| City | | Zip Code | |
| Relationship to Reference | | | |

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Supervisor Verification of Competencies

For the following section, please send a copy of the Supervisor Verification of Competencies to at least one supervisor, current or previous, that can verify your proficiency in each core competency. This could include supervision for both paid and/or volunteer work. You can send this form to more than one supervisor, but please send a blank form to each supervisor. This form can be emailed or mailed to the supervisor(s) but please submit this form along with the rest of your application.

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Supervisor Verification of Proficiency in the Core Competencies

This form is required of all applicants. At least one signature is required below. Please copy this page if more than one supervisor is completing this form on your behalf. (For a brief description of competencies please see examples attached).

| | | | |
|--|-------------------|-----------|---------------|
| Name of Applicant | | | |
| Estimated number of hours or period of employment/volunteer work with your organization | | | |
| Competency | Proficient | | |
| | Yes | No | Unsure |
| 1. Communication Skills | | | |
| Please describe how the applicant has shown proficiency in the above competency. | | | |
| 2. Interpersonal and Relationship-Building Skills | | | |
| Please describe how the applicant has shown proficiency in the above competency. | | | |
| 3. Service Coordination and Navigation Skills | | | |
| Please describe how the applicant has shown proficiency in the above competency. | | | |
| 4. Capacity Building Skills | | | |
| Please describe how the applicant has shown proficiency in the above competency. | | | |
| 5. Advocacy Skills | | | |

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| | | | |
|--|--|--|--|
| Please describe how the applicant has shown proficiency in the above competency. | | | |
| 6. Education and Facilitation Skills | | | |
| Please describe how the applicant has shown proficiency in the above competency. | | | |
| 7. Individual and Community Assessment Skills | | | |
| Please describe how the applicant has shown proficiency in the above competency. | | | |
| 8. Outreach Skills | | | |
| Please describe how the applicant has shown proficiency in the above competency. | | | |
| 9. Professional Skills and Conduct | | | |
| Please describe how the applicant has shown proficiency in the above competency. | | | |
| 10. Evaluation and Research Skills | | | |
| Please describe how the applicant has shown proficiency in the above competency. | | | |
| 11. Knowledge Base | | | |
| Please describe how the applicant has shown proficiency in the above competency. | | | |

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Supervisor Signature

Supervisor Name

Supervisor Signature

Supervisor Place of Employment

Supervisor Phone Number

Date

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Examples of Competencies

| Skill | Examples of Competencies |
|---|---|
| 1. Communication Skills | <ul style="list-style-type: none"> • Ability to use language confidently • Ability to use language in ways that engage and motivate • Ability to communicate using plain and clear language • Ability to communicate with empathy • Ability to listen actively • Ability to prepare written communication including electronic communication (e.g., email, telecommunication device for the deaf) • Ability to document work • Ability to communicate with the community served (may not be fluent in language of all communities served) |
| 2. Interpersonal and Relationship Building Skills | <ul style="list-style-type: none"> • Ability to provide coaching and social support • Ability to conduct self-management coaching • Ability to use interviewing techniques (e.g. motivational interviewing) • Ability to work as a team member • Ability to manage conflict • Ability to practice cultural humility |
| 3. Service Coordination and Navigation Skills | <ul style="list-style-type: none"> • Ability to coordinate care (including identifying and accessing resources and overcoming barriers) • Ability to make appropriate referrals • Ability to facilitate development of an individual and/or group action plan and goal attainment • Ability to coordinate CHW activities with clinical and other community services • Ability to follow-up and track care and referral outcomes |
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| | |
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| | <ul style="list-style-type: none"> • Ability to teach self-advocacy skills • Ability to conduct community organizing |
| 5. Advocacy Skills | <ul style="list-style-type: none"> • Ability to contribute to policy development • Ability to advocate for policy change • Ability to speak up for individuals and communities |
| 6. Education and Facilitation Skills | <ul style="list-style-type: none"> • Ability to use empowering and learner-centered teaching strategies • Ability to use a range of appropriate and effective educational techniques • Ability to facilitate group discussions and decision-making • Ability to plan and conduct classes and presentations for a variety of groups • Ability to seek out appropriate information and respond to questions about pertinent topics • Ability to find and share requested information • Ability to collaborate with other educators • Ability to collect and use information from and with community members |
| 7. Individual and Community Assessment Skills | <ul style="list-style-type: none"> • Ability to participate in individual assessment through observation and active inquiry • Ability to participate in community assessment through observation and active inquiry |
| 8. Outreach Skills | <ul style="list-style-type: none"> • Ability to conduct case-finding, recruitment and follow-up • Ability to prepare and disseminate materials • Ability to build and maintain a current resources inventory |
| 9. Professional Skills and Conduct | <ul style="list-style-type: none"> • Ability to set goals and to develop and follow a work plan • Ability to balance priorities and to manage time • Ability to apply critical thinking techniques and problem solving • Ability to use pertinent technology • Ability to pursue continuing education and life-long learning opportunities |

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Traditional Track

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| | <ul style="list-style-type: none"> • Ability to maximize personal safety while working in community and/or clinical settings • Ability to observe ethical and legal standards (e.g. CHW Code of Ethics, Americans with Disabilities Act [ADA], Health Insurance Portability and Accountability Act [HIPAA]) • Ability to identify situations calling for mandatory reporting and carry out mandatory reporting requirements • Ability to participate in professional development of peer CHWs and in networking among CHW groups • Ability to set boundaries and practice self-care |
| 10. Evaluation and Research Skills | <ul style="list-style-type: none"> • Ability to identify important concerns and conduct evaluation and research to better understand root causes • Ability to apply the evidence-based practices of Community Based Participatory Research (CBPR) and Participatory Action Research (PAR) • Ability to participate in evaluation and research processes including: <ul style="list-style-type: none"> a. Identifying priority issues and evaluation/research questions b. Developing evaluation/research design and methods c. Data collection and interpretation d. Sharing results and findings e. Engaging stakeholders to take action on findings |
| 11. Knowledge Base | <ul style="list-style-type: none"> • Knowledge about social determinants of health and related disparities • Knowledge about pertinent health issues • Knowledge about healthy lifestyles and self-care • Knowledge about mental/behavioral health issues and their connection to physical health • Knowledge about health behavior theories • Knowledge of basic public health principles • Knowledge about the community served • Knowledge about United States health and social service systems |

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